

Management of Back Pain

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Goals

- To recognize Red Flags
- To Recognize Yellow Flags
- To recognize disability from lower back pain
- To alleviate pain
- To improve function
- To prevent recurrence and development of chronicity

- <5% nerve root pain
- <1% serious disease
- <1% inflammatory disease

- Most causes of simple back pain is unknown

Risk factors

- Heavy Physical Work
- Lifting loads
- Awkward posture/movements
- Whole body vibration (truck driving)
- Trauma

Exclude Referred pain

- AAA
- Urinary tract
- Gynae
- Pancreas

Red Flags

- Fracture

 - Major Trauma

 - Minor trauma – osteoporosis

 - Suspicion mets

- Cancer or infection

- Cauda Equina

Management Suspected Spinal Fracture

- Xray AP/Lat
- Refer if fracture or follow up 10 days
- On follow up –still suspect = referral
- Referral to consultant acute clinic

Cancer or infection

- Age >50 or <20
- History cancer or constitutional s/s
- IVDU
- Recent UTI
- Immune Suppression
- Pain that worsens when supine
- Night or thoracic
- Structural deformity

Management Suspected Cancer or Infection

- Bloods/urine analysis
- Investigate
- Referral consultant/cancer pathway

Cauda Equina Syndrome

- Perianal sensory loss
- Bladder dysfunction
- Faecal incontinence/PR sphincter lax
- Neurological deficit of lower extremities

Management

- Refer as emergency
- Examined
- MRI
- Spinal referral/treatment

Yellow Flags

- Belief pain and activity are harmful
- Sickness behaviour ie bed rest
- Social withdrawal
- Behaviour problems
- Work problems Compensation
- Over/under support family
- Inappropriate expectations

Simple Lower Back Pain

- Red/yellow flags
- Referred pain / nerve root pain
- Imaging only if red flags

Management

- Educational advice
- Symptom control
- Rapid return to activities
- Referral to O/P/C
- Address any psycho-social risk factors

Review in 4 weeks

Symptom Control - Pain

- Paracetamol
- NSAID
- Tramadol/codeine
- Muscle relaxant
- Amitriptyline

- Review 4 weeks

4 Weeks

- Reassess
- Concerns/patient satisfaction
- Add gabapentin/opioids

Not responding - referral

CBT

MDT

Pain Mx

ESP /Back classes/physiotherapy/Spinal
maipulation

Chronicity

- Acute 6 weeks
- Chronic 3 months

NICE Referral Guidelines

- Cauda Equina – Immediately
- Serious Spinal Pathology – 1wk
- Progressive neurological deficit – 1 wk
nerve root pain after 6 weeks – 3 wk
- Inflammatory disorder
- Yellow flags not resolve 3 months

ESP

- Any concern
- Any neurology at presentation
- Persistent LBP 3mnths

- Assess/Investigate/Monitor/Treat

- Pain/Surgery/Psychology

Surgeon

- Cancer
- Fracture
- Progressive deformity
- Progressive Neurology

One stop Shop

- ESP's
- Surgeon
- Pain specialist
- Acute clinic
- Orthotics